

**DIVER/BUDS MEDICAL SCREENING FORM**

NAME/RANK:

SSN:

DOB:

PRESENT COMMAND:

BRANCH OF SERVICE:

DATE:

**ADDITIONAL DIVING MEDICAL QUESTIONS**

(CONCEALMENT OF MEDICAL HISTORY WILL BE REPORTED TO HIGHER AUTHORITIES  
AND MAY RESULT IN PERMANENT DISQUALIFICATION)

1. Have you ever been found medically disqualified for a dive physical or any other physical at any time?  
Y/N
2. Since your last physical or in the last 18 months, have you been sick, injured, consulted a Physician, used medication (including over the counter), or been hospitalized for any reason?  
Y/N
3. Have you ever experienced any middle or inner ear dysfunction including: inability to equalize middle ear pressure, inner or middle ear surgery, ringing, disequilibrium, hearing deficit?  
Y/N
4. Is or has your uncorrected vision ever been worse than 20/20 in either eye?  
Y/N
5. Do you have any difficulty distinguishing colors or seeing at night?  
Y/N
6. Have you ever had any corneal surgery, or manipulation to correct poor vision?  
Y/N
7. Since age 12, have you had asthma or wheezing at any time?  
Y/N
8. Have you ever had a collapsed lung (pneumothorax), experienced pulmonary barotrauma, had a positive PPD, or taken INH in the past 6 months.  
Y/N
9. Do you have any skin condition worsened by tight clothing, moisture or sun exposure?  
Y/N
10. Do you have any musculoskeletal condition that limits intense exercise, suffered any type of fracture in the last 3 months, or had any bone/joint surgery in the last 6 months?  
Y/N
11. Have you ever been evaluated for, or treated for, any psychiatric problems (including depression, anxiety, personality disorder, etc.)?  
Y/N
12. Have you ever had legal, professional or personal problems due to alcohol use or been diagnosed with dependence or had any level of treatment for abuse?  
Y/N
13. Have you ever had a migraine or other severe headache?  
Y/N
14. Have you ever had seizures, convulsions or sustained a head injury resulting in loss of consciousness, loss of memory, concussion or skull fracture?  
Y/N
15. Have you ever had brain surgery?  
Y/N
16. Do you have any area of altered sensation or strength in your body?  
Y/N
17. Have you ever suffered Decompression Sickness or Arterial Gas Embolism?  
Y/N
18. Do you suffer from motion sickness or fear of enclosed spaces?  
Y/N

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DIVER/BUDS MEDICAL SCREENING FORM**  
**(Continued)**

**ANY POSITIVE RESPONSES REQUIRE ELABORATION ON THIS PAGE BY A**  
**MEDICAL OFFICER**

NAME/RANK:

SSN:

DOB:

PRESENT COMMAND:

BRANCH OF SERVICE:

DATE:

**MO SCREEN (to be filled out by a qualified representative)**

- |  |     |
|--|-----|
| 1. SF-88 and 93 are complete, correct, for dive/jump duty and within <b>1 year of application?</b> | Y/N |
| 2. Is the physical signed/countersigned by a DMO/UMO or HMO?                                       | Y/N |
| 2. Every page of member's health record has been reviewed?   | Y/N |
| 3. Any disqualifying condition has a completed, approved waiver from BUMED-21?                     | Y/N |
| 4. Any non-disqualifying condition that might affect dive training is thoroughly documented?       | Y/N |

**MEDICAL OFFICER COMMENTS**

<u>QUESTION#</u>	<u>COMMENT</u>	<u>CD/NCD?</u>	<u>WAIVER?</u>

MO SIGNATURE\_\_\_\_\_ MO STAMP

MO PHONE NUMBER\_\_\_\_\_ MO FAX NUMBER\_\_\_\_\_

**RECORD SCREENING (to be filled out by medical department)**

G6PD results\_\_\_\_\_

Sickle cell results\_\_\_\_\_

Blood Type\_\_\_\_\_

**Immunization must be completed and current prior to transfer:** Tetanus, Date\_\_\_\_\_ Typhoid, Date\_\_\_\_\_

Yellow Fever, Date\_\_\_\_\_ HAV, Date Completed\_\_\_\_\_ Flu, Date\_\_\_\_\_

PPD given with diving medical exam, Date\_\_\_\_\_ PPD Converter (Y/N)

PPD Converters must complete INH Tx prior to transfer to diver training.

PPD annual questionnaire required for converters.

Date of last Dive Physical (SF88/93)\_\_\_\_\_

**Dental**, must be class I or II. Last exam\_\_\_\_\_

**Pressure Test**, Date completed\_\_\_\_\_

Special Duty Medical Abstract required ( NAVMED 6150/2) with signature from MO/DMO/UMO/HMO stating  
Physically Qualified for Diving Duty. Complete: Y/N

**Visual Acuity:** (must correct to **20/20**, if not waiver required)

USN Fleet Diver/Basic Diving Officer, USA OOB, EOD: 20/200 or better. Waiver required if greater

Marine Combat Diver: 20/100 better eye, 20/200 worse eye, or better

Diving Medical Officer and SCUBA: + or – 8 Diopters

Seal Candidate 20/40 in best eye, 20/70 in worst eye (waiverable to 20/70, 20/100. Waiver must be completed)

**Hearing Standards:** 1000 Hz 30 db                      If greater waiver required  
2000 Hz 35 db  
3000 Hz 45 db  
4000 Hz 55 db

The following labs are complete on SF-88: Serology, CBC with DIFF, Lipid panel                      Y/N  
HIV, G6PD, Sickle Cell, and Blood Type?

SEAL, EOD, USA OOB, and Underwater Construction Diver require Fasting Blood Sugar and Routine Urine.

(the appropriate/corresponding lab chits are in the medical record)                      Y/N  
The following studies are complete on SF-88: CXR, EKG, Audiogram, PPD, and PIP?                      Y/N  
(the appropriate/corresponding studies, reports are in the medical record)                      Y/N

MEDICAL SCREENER NAME \_\_\_\_\_ PHONE/FAX \_\_\_\_\_  
Commands mailing address \_\_\_\_\_

**NOTE: THE DIVER MEDICAL SCREENING FORMS AND SF88/93 MUST BE COMPLETELY FILLED OUT AND FAXED TO THE MEDICAL DEPARTMENT AT NAVDIVESALVTRACEN PANAMA CITY FL PRIOR TO APPLICATION TO BUPERS 401D OR BUPER 407CK. ANY WAIVERS MUST HAVE WRITTEN APPROVAL BY BUMED 21 AND A COPY FAXED TO NDSTC MEDICAL.**

**PHONE DSN 436-5215    COMM (850) 235-5215**  
**MEDICAL FAX DSN 436-5993                      COMM (850) 235-5993**  
**STUDENT SUPPORT OFFICE FAX DSN 436- 5242    COMM (850) 235-5242**

**NOTE: FOR SEAL CANDIDATES THE MEDICAL SCREENING FORMS AND SF88/93 MUST BE COMPLETELY FILLED OUT AND FAXED TO THE MEDICAL DEPARTMENT AT BUD/S PRIOR TO APPLICATION TO BUPERS 401D. ANY WAIVERS MUST HAVE WRITTEN APPROVAL BY BUMED 21 AND A COPY FAXED TO BUD/S MEDICAL.**

**PHONE DSN 577-0777    COMM (619) 437-0777**  
**MEDICAL FAX DSN 577-5248                      COMM (619) 437-5248**

**PLACE ORIGINAL DIVER MEDICAL SCREENING FORMS, SF88/93 AND ANY APPROVED WAIVERS IN MEDICAL RECORD.**

**NDSTC HOME PAGE [WWW.cnet.navy.mil/ndstc/](http://WWW.cnet.navy.mil/ndstc/)**  
**BUD/S HOME PAGE [www.sealchallenge.navy.mil](http://www.sealchallenge.navy.mil)**

**Diving Standards (MANMED) chapter 15 article 15-66 and section III**

**BUMED NOTE 6120 <http://navymedicine.med.navy.mil/instructions/external/6120-7-30-97.pdf>**

**Medical Waiver: MANMED article 15-74**

**BUMED 21 Phone DSN 762-4342**